

General

Guideline Title

Person- and family-centred care.

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Person- and family-centred care. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2015 May. 103 p. [188 references]

Guideline Status

This is the current release of the guideline.

This guideline updates previous versions:

Registered Nurses Association of Ontario (RNAO). Client centered care supplement. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2006 Mar. 8 p. [38 references]

Registered Nurses Association of Ontario (RNAO). Client centred care. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jul. 70 p. [63 references]

This guideline meets NGC's 2013 (revised) inclusion criteria.

Recommendations

Major Recommendations

Definitions for the levels of evidence (Ia, Ib, IIa, IIb, III, IV) are provided at the end of the "Major Recommendations" field.

Practice Recommendations

Assessment

Recommendation 1.1

Establish a therapeutic relationship with the person using verbal and non-verbal communication strategies to build a genuine, trusting, and respectful partnership.

(Level of Evidence = III)

Recommendation 1.2

Build empowering relationships with the person to promote the person's proactive and meaningful engagement as an active partner in their health care.

(Level of Evidence = Ia)

Recommendation 1.3

Listen and seek insight into the whole person to gain an understanding of the meaning of health to the person and to learn their preferences for care.

(Level of Evidence = Ia)

Recommendation 1.4

Document information obtained on the meaning and experience of health to the person using the person's own words.

(Level of Evidence = V)

Planning

Recommendation 2.1

Develop a plan of care in partnership with the person that is meaningful to the person within the context of their life.

(Level of Evidence = Ia)

Recommendation 2.2

Engage with the person in a participatory model of decision making, respecting the person's right to choose the preferred interventions for their health, by:

1. Collaborating with the person to identify their priorities and goals for health care
2. Sharing information to promote an understanding of available options for health care so the person can make an informed decision
3. Respecting the person as an expert on themselves and their life

(Level of Evidence = Ia)

Implementation

Recommendation 3.1

Personalize the delivery of care and services to ensure care is not driven from the perspective of the health-care provider and organization, by collaborating with the person on:

1. Elements of care
2. Roles and responsibilities in the delivery of care
3. Communication strategies

(Level of Evidence = Ia)

Recommendation 3.2

Partner with the person to tailor strategies for self-management of care that are based on the person's characteristics and preferences for learning.

(Level of Evidence = V)

Evaluation

Recommendation 4.1

Obtain feedback from the person to determine the person's satisfaction with care and whether the care delivered was person- and family-centred.

(Level of Evidence = Ia)

Education Recommendations

Education

Recommendation 5.1

Educate health-care providers at a minimum on the following attributes of person- and family-centred care to improve the person's clinical outcomes and satisfaction with care:

1. Empowerment
2. Communication
3. Shared decision making

(Level of Evidence = Ia)

Recommendation 5.2

Educational institutions incorporate this Guideline into the curricula for nurses and, as appropriate, for other health-care providers.

(Level of Evidence = V)

System, Organization and Policy Recommendations

System, Organization and Policy

Recommendation 6.1

Create an organizational culture that exemplifies its commitment to person- and family-centred care by:

1. Demonstrating leadership and commitment to this approach to care
2. Involving the person in co-designing health programs and services
3. Building healthy work environments for all health-care providers

(Level of Evidence = V)

Recommendation 6.2

Design an environment that demonstrably improves the person's experience of health care by:

1. Creating healing environments
2. Being flexible and partnering to personalize care routines
3. Improving access to care and services
4. Enhancing the continuity and coordination of care and services during transitions
5. Providing continuity of caregivers

(Level of Evidence = V)

Recommendation 6.3

Collect continuous feedback from the person to determine whether their experience with health care and services was person- and family-centred, and utilize this feedback to make improvements at all levels of the health system.

(Level of Evidence = III)

Recommendation 6.4

Government agencies and regulatory bodies must monitor, measure, and utilize information from organizations regarding the person's experience of health care to improve health-system performance.

(Level of Evidence = Ia)

Definitions

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials, and/or synthesis of multiple studies primarily of

quantitative research.

Ib Evidence obtained from at least one randomized controlled trial.

Ila Evidence obtained from at least one well-designed controlled study without randomization.

Ilb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Synthesis of multiple studies primarily of qualitative research.

IV Evidence obtained from well-designed non-experimental observational studies, such as analytical studies or descriptive studies, and/or qualitative studies.

V Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

Note: Adapted from the Scottish Intercollegiate Guidelines Network (Scottish Intercollegiate Guidelines Network [SIGN], 2011) and Pati (2011).

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Any disease or condition that requires a nurse's care

Guideline Category

Management

Clinical Specialty

Family Practice

Nursing

Psychology

Intended Users

Advanced Practice Nurses

Health Care Providers

Nurses

Guideline Objective(s)

To promote the evidence-based practices associated with person- and family-centred care, and to help nurses and other healthcare providers acquire the knowledge and skills necessary to become more adept at practising person- and family-centred care

Target Population

Any individual with whom health-care providers establish a therapeutic relationship for the purposes of partnering for health

Note: In this Guideline, the only term that will be used to apply to these individuals is "person." The term is inclusive of the individual and their family. A person's "family" includes all those whom the person identifies as significant in his or her life (e.g., parents, caregivers, friends, substitute decision-makers, groups, communities, and populations).

Interventions and Practices Considered

1. Establishment of therapeutic/empowering relationships with the person
2. Listening and seeking insight into the whole person regarding meaning of health and preferences for care with documentation in the person's own words
3. Development of a plan of care
4. Engagement with the person in a participatory model of decision making
5. Personalization of the delivery of care and partnership with the person to tailor strategies for self-management
6. Obtainment of feedback
7. Education of health-care providers
8. Creation of organizational culture and designing an environment committed to person- and family-centred care
9. Involvement of government agencies and regulatory bodies

Major Outcomes Considered

- Client empowerment
- Client satisfaction
- Quality of care
- Quality of work life

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Guideline Review

The Registered Nurses' Association of Ontario (RNAO) guideline development team's project coordinator searched an established list of Web sites for guidelines and other relevant content published between June 2005 and April 2014. This list was compiled based on knowledge of evidence-based practice Web sites, recommendations from the literature, and key Web sites related to person- and family-centred-care practices. Furthermore, expert panel members were asked to provide guidelines from their own personal libraries.

Guideline Search Strategy

Structured Web Site Search

A member of the RNAO guideline development team (project coordinator) searched an established list of Web sites for guidelines.

Guidelines were selected based on the following criteria:

- Focus on topic of person-centred care (terms include: person- or client- or patient- or family-centred or -oriented or -focused or -directed care or practice or intervention, relationships or partnerships) which includes:
 - Defining concepts, dimensions, components, or core processes of which includes facilitators and barriers

- Health-care practices or behaviours demonstrating
- Effective models of
- Basic Curricula or ongoing education/training programs or education needs for knowledge and skills to practice person centred care
- Organization or health-system supports or responsibilities for implementation
- Published no earlier than June 2005
- Published in English, national and international in scope
- Accessible for retrieval

Hand Search

RNAO expert panel members were asked to review personal libraries to identify and submit potentially relevant guidelines. Guidelines submitted for consideration by RNAO expert panel members were integrated into the retrieved list of guidelines if they had not been identified by the on-line guideline search and met the inclusion criteria.

Systematic Review

A comprehensive search strategy was developed by RNAO's research team and a health sciences librarian, based on inclusion and exclusion criteria created with the RNAO expert panel. A search for relevant articles in English published between June 2005 and April 2014 was applied to the following databases: Cumulative Index to Nursing and Allied Health (CINAHL), Cochrane Central Register of Controlled Trials (CENTRAL), Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (DARE), Education Resources Information Center (ERIC), EMBASE, Joanna Briggs Institute, MEDLINE, MEDLINE in Progress, and PsycINFO. In addition to this systematic search, panel members were asked to review personal libraries for key articles not found through the above search strategies.

Detailed information about the search strategy for existing guidelines, including the list of Web sites searched and inclusion criteria, is available in the guideline search strategy document (see the "Availability of Companion Documents" field).

Once articles were retrieved, two RNAO Best Practice Guideline (BPG) nursing research associates (nurses holding master's degrees) independently assessed the eligibility of the studies according to established inclusion/exclusion criteria. The RNAO's BPG program manager, involved in supporting the RNAO expert panel, resolved disagreements.

Number of Source Documents

Four guidelines and 42 studies were included. See the flow diagrams in Appendix C in the original guideline document for more information on the review process.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials, and/or synthesis of multiple studies primarily of quantitative research.

Ib Evidence obtained from at least one randomized controlled trial.

IIa Evidence obtained from at least one well-designed controlled study without randomization.

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Synthesis of multiple studies primarily of qualitative research.

IV Evidence obtained from well-designed non-experimental observational studies, such as analytical studies or descriptive studies, and/or qualitative studies.

V Evidence obtained from expert opinion or committee reports, and/or clinical experiences of respected authorities.

Note: Adapted from the Scottish Intercollegiate Guidelines Network (Scottish Intercollegiate Guidelines Network [SIGN], 2011) and Pati (2011).

Methods Used to Analyze the Evidence

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

Guideline Review

Members of the expert panel critically appraised five international guidelines using the *Appraisal of Guidelines for Research and Evaluation Instrument II* (Brouwers et al. 2010).

Systematic Review

Quality appraisal scores for 9 articles (a random sample of 20% of articles eligible for data extraction and quality appraisal) were independently assessed by the Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline (BPG) research associates. Acceptable inter-rater agreement (kappa statistic, $K=0.83$) justified proceeding with quality appraisal and data extraction by dividing the remaining studies equally between the two research associates. A final summary of literature findings was completed. The comprehensive data tables and summary were provided to all expert panel members for review and discussion.

A review of the most recent literature and relevant guidelines published between June 2005 and April 2014 resulted in an update of the existing recommendations as well as the inclusion of new recommendations.

A complete bibliography of all full text articles screened for inclusion is available (see the "Availability of Companion Documents" field).

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Guideline Development Process

For this revised guideline, the Registered Nurses' Association of Ontario (RNAO) assembled a panel of experts who represent a range of sectors and practice areas (see the "Composition of Group That Authored the Guideline" field). A systematic review of the evidence was based on the purpose and scope of the original guideline, *Client Centred Care*, and the revision supplement, and was supported by five clinical questions. The systematic review captured relevant literature and guidelines published between June 2005 and April 2014. The following research questions were established to guide the systematic review:

1. What is person-centred care?
 - a. How is person-centred care defined?
 - b. What are the components of person-centred care?
2. What nursing or health-care provider behaviours demonstrate a person-centred approach during the delivery (assessment, planning, management, and evaluation) of care to a person?
3. What are the evidence-based models of care delivery that demonstrate effective outcomes and support person-centred care?
 - a. Components of effective person-centred care models?
 - b. Enablers to the provision of the person-centred care in the model?
 - c. Barriers to the provision of person-centred care in the model?
 - d. Impact on satisfaction with care within all health settings?
4. What components of person-centred care should be taught in basic curricula or ongoing professional education programs?
5. What organizational or system structures support successful implementation of person-centred care?

The expert panel's mandate was to review the original Guideline and the revision supplement in light of the new evidence to ensure the continuing validity, appropriateness, and safety of the recommendations. This new revised Guideline is the result of the expert panel's work to integrate the most current and best evidence into the recommendations with the supporting evidence from original Guideline and the revision supplement (where applicable).

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

Stakeholder reviewers for the Registered Nurses' Association of Ontario (RNAO) guidelines are identified in two ways. First, stakeholders are recruited through a public call issued on the RNAO Web site (<http://rnao.ca/bpg/get-involved/stakeholder>). Second, key individuals and organizations with expertise in the guideline topic area are identified by the RNAO guideline development team and expert panel and are directly invited to participate in the review.

Reviewers are asked to read a full draft of the guideline and participate in the review prior to its publication.

Stakeholder feedback is submitted on-line by completing a survey questionnaire. The stakeholders are asked the following questions about each recommendation:

- Is this recommendation clear?
- Do you agree with this recommendation?
- Does the evidence support this recommendation?
- Does this recommendation apply to all roles, regions and practice settings?

The survey also includes opportunity to include comments and feedback for each section of the guideline.

Survey submissions received are compiled and feedback is summarized by the RNAO guideline development team. The RNAO expert panel reviews and considers all feedback and, if necessary, modifies the guideline content and recommendations prior to publication to address the feedback received.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Potential Benefits

This evidence-based approach, combined with a perspective that recognizes the place of the person at the centre of health care, will improve individuals' experience of and satisfaction with the care and services provided within the health system.

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

- These guidelines are not binding on nurses or the organizations that employ them. The use of these guidelines should be flexible, and based on individual needs and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses' Association of Ontario (RNAO) gives any guarantee as to the accuracy of the information contained in them or accepts any liability with respect to loss, damage, injury, or expense arising from any such errors or omission in the contents of this work.
- This nursing Best Practice Guideline (BPG) is a comprehensive document that provides resources for evidence-based nursing practice. It is not intended to be a manual or "how to" guide, but rather a template to guide best practices associated with enhancing person- and family-centred care and the partnerships between health-care providers, the person, and their family within the context of the therapeutic relationship to manage health. The Guideline should be reviewed and applied in accordance with both the needs of individual organizations or practice settings and the needs and preferences of persons and their families accessing the health system for care and services. In addition, the Guideline offers an overview of appropriate structures and supports for providing the best possible evidence-based care.

Implementation of the Guideline

Description of Implementation Strategy

Implementation Strategies

Implementing guidelines at the point of care is multi-faceted and challenging; it takes more than awareness and distribution of guidelines to get people to change how they practice. Guidelines must be adapted for each practice setting in a systematic and participatory way, to ensure recommendations fit the local context. The Registered Nurses' Association of Ontario (RNAO) *Toolkit: Implementation of Best Practice Guidelines* provides an evidence-informed process for doing this (see Appendix G in the original guideline document).

The *Toolkit* is based on emerging evidence that successful uptake of best practice in health care is more likely when:

- Leaders at all levels are committed to supporting guideline implementation
- Guidelines are selected for implementation through a systematic, participatory process
- Stakeholders for whom the guidelines are relevant are identified and engaged in the implementation
- Environmental readiness for implementing guidelines is assessed
- The guideline is tailored to the local context
- Barriers and facilitators to using the guideline are assessed and addressed
- Interventions to promote use of the guideline are selected
- Use of the guideline is systematically monitored and sustained
- Evaluation of the guideline's impact is embedded in the process
- There are adequate resources to complete all aspects of the implementation

The *Toolkit* uses the "Knowledge-to-Action" framework to demonstrate the process steps required for knowledge inquiry and synthesis. It also guides the adaptation of the new knowledge to the local context and implementation. This framework suggests identifying and using knowledge tools, such as guidelines, to identify gaps and to begin the process of tailoring the new knowledge to local settings.

RNAO is committed to widespread deployment and implementation of the Best Practice Guidelines (BPGs). The RNAO uses a coordinated approach to dissemination, incorporating a variety of strategies, including: 1) the Nursing Best Practice Champion Network®, which develops the capacity of individual nurses to foster awareness, engagement, and adoption of BPGs; 2) nursing order sets which provide clear, concise, actionable intervention statements derived from the BPGs' practice recommendations that can be readily embedded within electronic medical records, but may also be used in paper-based or hybrid environments; and 3) the Best Practice Spotlight Organization® (BPSO®) designation, which supports implementation at the organization and system levels. BPSOs® focus on developing evidence-based cultures with the specific mandate to implement, evaluate, and sustain multiple RNAO BPGs. In addition, the RNAO offers capacity-building learning institutes on specific BPGs and their implementation annually.

Information about RNAO implementation strategies can be found at:

- RNAO Best Practice Champions Network®: www.RNAO.ca/bpg/get-involved/champions
- RNAO's nursing order sets: <http://mao.ca/bpg/initiatives/nursing-order-sets>
- RNAO Best Practice Spotlight Organizations: www.RNAO.ca/bpg/bpso
- RNAO capacity-building learning institutes and other professional development opportunities: www.RNAO.ca/events

Implementation Tools

Audit Criteria/Indicators

Foreign Language Translations

Patient Resources

Resources

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

End of Life Care

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Person- and family-centred care. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2015 May. 103 p. [188 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2002 Jul (revised 2015 May)

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

Funding was provided by the Ontario Ministry of Health and Long Term Care.

Guideline Committee

Registered Nurses' Association of Ontario Expert Panel

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

Declarations of interest that might be construed as constituting an actual, potential or apparent conflict were made by all members of the Registered Nurses' Association of Ontario (RNAO) expert panel, and members were asked to update their disclosures regularly throughout the guideline development process. Information was requested about financial, intellectual, personal and other interests and documented for future reference. No

limiting conflicts were identified.

Further details are available from the RNAO.

Guideline Endorser(s)

Accreditation Canada - Nonprofit Organization

Canadian Association for People-Centred Health - Nonprofit Organization

Canadian Nurses Association - Professional Association

Canadian Patient Safety Institute - Nonprofit Organization

Health Quality Ontario - State/Local Government Agency [Non-U.S.]

Patients Canada - Nonprofit Organization

Guideline Status

This is the current release of the guideline.

This guideline updates previous versions:

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Registered Nurses Association of Ontario (RNAO). Client centred care. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jul. 70 p. [63 references]

This guideline meets NGC's 2013 (revised) inclusion criteria.

Guideline Availability

Available in [English](#) and [French](#) from the Registered Nurses' Association of Ontario (RNAO) Web site.

Availability of Companion Documents

The following are available:

- Registered Nurses' Association of Ontario – Nursing Best Practice Guidelines Program: person- and family-centred care. Guideline search strategy. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2015 May. 7 p. Available from the [RNAO Web site](#) .
- Registered Nurses' Association of Ontario – Nursing Best Practice Guidelines Program: person- and family-centred care. Bibliography. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2015 May. 4 p. Available from the [RNAO Web site](#) .
- Toolkit: implementation of best practice guidelines. Second edition. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 154 p. Available from the [RNAO Web site](#) .

The appendices of the original guideline document contain the "Eight Dimensions of Patient-Centered Care", a list of resources and Web sites, and a guide to "Common Themes in Patients' Charters of Rights." Structure, process and outcome indicators for monitoring and evaluating the guideline are available in Table 8 in the original guideline document.

Patient Resources

The following is available:

- Person- and family-centred care. Health education fact sheet. Toronto (ON): Registered Nurses' Association of Ontario (RNAO). 2 p.
Available from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#) .

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC Status

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004. This summary was updated by ECRI on June 22, 2006. This summary was updated again by ECRI Institute on December 11, 2015. The updated information was verified by the guideline developer on January 4, 2016.

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